PRINTED: 03/13/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026052	A. BUILDING: 01 B. WING	03/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY PINES ADULT CARE	2521 MURIEL DRIVE FAYETTEVILLE, NC 28306

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Biennial Construction Survey by Suzanna Fay on March 1, 2018. Records indicate that this facility was licensed on January 1, 1979 as a Home for the Aged for a capacity of (23) Twenty- Three Residents. Based on the above information, the facility was surveyed under the 1978 North Carolina State Building Code - Section 409- Institutional Occupancy; the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm; and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds. Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Observations revealed that the corridor was not maintained free of obstructions. Findings on March 1, 2018: a. Exit by linen storage - there was a stack of chairs partially blocking egress to the exit.	C 150	chairs moved to clear area to exit and to remain free of obstructions. staff notified to keep coridors and exits free of any obstructions. Administrator shall do walkthroughs to ensure there are no obstructions.	3-9-18
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT	C 185		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Administrator (X6) DATE 4-3-18

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C 185	Continued From page 1 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that the fire rehearsals were not being conducted quarterly on each shift. Findings on March 1, 2018: a. In the past twelve months, only one fire rehearsal was conducted on the third shift.	C 185	Fire drills shall be conducted quarterly on all shifts to fulfill requirement of rule. New fire drill log created to give more detail of drills to include area of fire, weather conditions and description of what drill involved along with date and time. RCC shall review drills quarterly to ensure they have been conducted and recorded.	3-9-18 3-9-18
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (g) which shall not apply to existing facilities. This Rule is not met as evidenced by:	C 189		

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C 189	Continued From page 2 1. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on March 1, 2018: a. Pantry - the door to the pantry catches on the frame and does not close and latch. 2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on March 1, 2018: a. Pantry - there is a hole in the ceiling at the light fixture. b. There was a pattern of unsealed cable penetrations in the resident bedrooms. c. Exterior mechanical room - there were three unsealed pipe penetrations in the ceiling over the hot water heater. d. Exterior mechanical room - there was a 1 1/2" diameter hole in the ceiling over the water heater. 3. Based on observation the electrical equipment has not been maintained in a safe manner. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection. Findings on March 1, 2018: a. Room 4 bath - the GFCI outlet at the sink did not reset when tested.	C 189	Pantry door repaired to ensure it closes and latches in order to contain smoke or fire to the area of origin All gaps and holes have been sealed with fire caulk in order to maintain fire resistance and contain smoke and fire origin in area of origin and not spread freely. GFCI outlet replaced in bathroom of room 4 to prevent any possible shock hazzard. Administrator shall do monthly walk throughs to ensure there are no maintenance issues	3-9-18 3-9-18 3-9-18

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C 199	Continued From page 3	C 199		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not provide ventilation at the rate of two cubic feet per minute per square foot in required areas. Findings on March 1, 2018: a. Soiled linen - the exhaust fan was not working at the time of survey.	C 199	exhaust fan replaced in soil linen closet to provide proper ventilation and meet rule Administrator shall check exhaust fans to ensure they are in working order during maintenance walk throughs	3-9-18